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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Filed herewith
First Named Inventor	Heer et al.
Title	Microbicidal Composition
Group Art Unit	
Examiner Name	
Attorney Docket Number	A01509

I hereby appoint:

Practitioners at Customer Number
OR
 Practitioner(s) named below:

21898

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Kenneth Crimaldi		
Address	Rohm and Haas Company		
Address	100 West Independence Mall		
City	Philadelphia	State	PA
Country	US		
Telephone	215-592-2423	Fax	215-592-2682

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Beat Heer
Signature	
Date	28.01.2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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OR

Firm or
Individual Name

Kenneth Crimaldi

Address

Rohm and Haas Company

Address

100 West Independence Mall

City

Philadelphia

State

PA

Zip

19106

Country

US

Telephone

215-592-2423

Fax

215-592-2682

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Gerhard Tiedtke

Signature



Date

18.01.2004

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Examiner Name	
Attorney Docket Number	A01509

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Name	Registration Number

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The above-mentioned Customer Number.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kenneth Crimaldi			
Address	Rohm and Haas Company			
Address	100 West Independence Mall			
City	Philadelphia	State	PA	Zip 19106
Country	US			
Telephone	215-592-2423	Fax	215-592-2682	

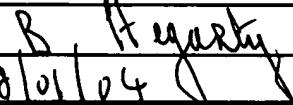
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Bryan Hegarty
Signature	
Date	28/01/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number A01509

First Named Inventor Heer et al.

COMPLETE IF KNOWN

Application Number Not Yet Assigned

Filing Date Filed Herewith

Art Unit Not Yet Assigned

Examiner Name Not Yet Assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Microbicidal Composition

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

[REDACTED]

and was amended on (MM/DD/YYYY)

[REDACTED]

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name Kenneth Crimaldi
Rohm and Haas Company

Address 100 West Independence Mall

City Philadelphia

State PA

ZIP 19106

Country USA

Telephone

215-592-2423

Fax 215-592-2682

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

A petition has been filed for this unsigned inventor

Given Name Beat
(first and middle [if any])

Family Name Heer
or Surname

Inventor's
Signature



28.01.2004
Date

Residence: City Grabs

State

Country CH

Citizenship CH

Mailing Address
Blumenweg 5

City Grabs

State

ZIP CH-9472

Country CH

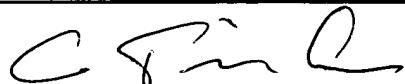
NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name Gerhard
(first and middle [if any])

Family Name Tiedtke
or Surname

Inventor's
Signature



28.01.2004
Date

Residence: City Gams

State

Country CH

Citizenship CH

Mailing Address
Mattenhof B

City Gams

State

ZIP CH9473

Country CH

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Bryan Martin Name		Family Name Hegarty or Surname	
Inventor's Signature	Date 28/01/04		
Residence: City Peymeinade	State	Country FR	Citizenship IE
Mailing Address 32 Chemin de la Montagne			
Mailing Address			
City Peymeinade	State	ZIP 06530	Country France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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